

02/25/00

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

		Attorney Docket No.	36968/1879
		First Named Inventor	Maria Adamczyk
Title	METHODS AND SYSTEMS FOR RELEASING A VOICE MAIL SYSTEM FROM A COMMUNICATION AND FURTHER PROCESSING THE COMMUNICATION		
		Express Mail Label No.	EL228369215US

02/25/00

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement as set forth below)</i>	Total Pages	30	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 			6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
2. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i>	Total Sheets	5	a. <input type="checkbox"/> Computer Readable Copy
3. Oath or Declaration	Total Pages	3	b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i>
<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application <i>(37 CFR 1.63(d))</i> <i>(for continuation/divisional with box 17 completed)</i> <i>[Note Box 4 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application. See 37 CFR 1.63(d)(2) and 1.33(b) 			c. <input type="checkbox"/> Statement verifying identify of above copies
4. <input type="checkbox"/> Incorporation By Reference <i>(usable if Box 3b is checked)</i>	The entire disclosure of the prior application, which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Statement application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i> 15. Other: <input checked="" type="checkbox"/> Check in the amount of \$ 930.00 <small>During the pendency of this application, the Commissioner is hereby authorized to credit overpayments or charge any additional fees under 37 CFR 1.116 and 1.117 to Deposit Account No. 11-0855</small>			

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: Group/Art Unit:

17. FEE CALCULATIONS

CLAIMS	For	Number Filed			Extra	Rate	Calculations			
	Total Claims	29	-	20	=	9	x \$18 = \$ 162.00			
	Indep. Claims	4	-	3	=	1	x \$78 = \$ 78.00			
	Multiple Dependent Claims <i>(if applicable)</i>				+	\$260 = \$				
			Basic Fee (37 CFR 1.16)		\$ 690.00					
		Total Calculations		\$						
		Reduced by 50% for filing small entity <i>(Note 37 CFR 1.9, 1.27, 1.28)</i> .		\$						

Fee for recording the enclosed assignment *(37 CFR 1.21(h))*. The assignment must be accompanied by an appropriate cover sheet *(37 CFR 3.28, 3.31)*. \$40 per property**TOTAL FEES SUBMITTED** **\$ 930.00****18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23370	or	<input type="checkbox"/> Correspondence address below	
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	Nora M. Tocup		Registration No. (Attorney/Agent)	35,717
Signature	<i>Nora M. Tocup</i>		Date	February 25, 2000